

CHAPTER 13

The Political Economy of Forced Migration: Sex Ratios, Mortality, Population, Growth and Fertility among Africans in Colonial New York

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The number of Africans imported into the New York colony between 1700 and the eve of the Revolutionary War has been estimated to range between 6,800 and 7,400. The higher estimates are based on under counting of captives due to smuggling from New Jersey, and possibly other states, to avoid tariffs. According to Lydon (1978:382-383), the minimum estimate, based on extant records for the eighteenth century, includes approximately 2,800 people or 41 percent brought directly from Africa and 4,000 from the Caribbean (and less significantly the southern colonies).

Perhaps one-fifth to one-quarter of those disembarked in the New York port remained within the city (Lydon 1978), with many of these individuals living there for the rest of their lives and eventually being buried in the African Burial Ground (ABG). Some gained legal freedom, gradually building a free African population, but most died enslaved.

A major research focus of the ABGP has been the relationship between the political economy of slavery in the urban north and the demography and health of the captive people. This focus included how the routing of captives to New York and the specific character of the market for forced labor in the colonial city affected the demographic patterns reported earlier in Chapter 7. Therefore, the research objectives were to identify: 1) the nature of the political economic regime in place during the period

the ABG was in use; 2) how the priorities and demands of the regime were regulated and perpetuated; 3) factors that may have affected the implementation of the political economic system; and, 4) how the regime impacted the lives of enslaved Africans as can be observed demographically. The basic premise is that while demographic assessment is fundamentally biological in nature (providing a window into the adaptation, health status, and survivability of a population), demography is equally reflective of the social conditions in which individuals are embedded and upon which they are physiologically dependent.

Sources for the analyses presented in this chapter include: the demographic assessment from Chapter 7; historical/archival, and medical historical research undertaken by the historians, archaeologists, and public education and information office research specialists; and skeletal biological evidence assessed by the physical anthropologists.

Pervasive in many historical studies of African Americans is the concept that somehow slavery in the New World stands as an isolated historical deviation of which the western world should be ashamed, apologize for, rationalize and/or study as a separate phenomenon. Others have studied American slavery from a more universal context, as Williams contends:

Slavery was an economic institution of the first importance. It had been the basis of Greek economy and had built the Roman Empire. In modern times it provided the sugar for the tea and the coffee cups of the Western World....It produced the cotton to serve as a base for modern capitalism....Seen in historical perspective, it forms a part of that general picture of the harsh treatment of the underprivileged classes, the unsympathetic poor laws and severe feudal laws, and the indifference... [of] the rising capitalist class. (1971:4)

Thus, enslaved Africans were placed into a system that was already formulated. In the English colonies, Africans were legally and in practice treated as indentured servants until the legislation of the 1660s. Williams maintains in his controversial work *Capitalism and Slavery* that the origin of Negro slavery "...was economic not racial; it had to do not with the color of the laborer, but the cheapness of labor....The features of the man, his hair, color, and dentition, his "subhuman" characteristics so widely pleaded, were only the later rationalizations to justify a simple economic fact: that the colonies needed labor and resorted to Negro labor because it was cheapest and best" (1971:14).

Southern plantation slavery was and continues to be the central focus of the majority of historical studies. The themes discussed earlier were essentially explored within the context of New World slavery as separate and distinct sociohistorical phenomena based on racism and hatred. Much of the debates concerning slavery can be described as two polarized approaches to antebellum American history: that of social historians versus that of economic historians.

Moreover, despite the voluminous anthropological, historical, and sociological literature on the topic of slavery, several areas of research still have been ignored. These include such topics as: the heterogeneous nature of western hemisphere African-American communities because of diverse African provenience and admixture with diverse Europeans and/or Native Americans; the experience of urban enslaved African Americans and freedmen during the Colonial/Antebellum period; the living conditions, health status, and life styles of African Americans who were enslaved or free; changing sociocultural conditions (e.g., industrialization) and their impact on African-American

conditions; and the health status and biological adaptability of African Americans. In addition, multidisciplinary, integrative research approaches to the study of African diasporic populations in the Americas have rarely been undertaken.

Economic, political, and socio-cultural characteristics of the trade in human captives that will be considered in this chapter are the location and choice of points of embarkation for enslaved Africans. Also considered will be the criteria for determining the sex and age of the enslaved who would best fulfill the needs of the Dutch, English, and Euro-American New York population, which could be characteristic of colonial New York, as well as the needs, perceptions and/or priorities of those engaged in the buying and selling of human cargo.

The Trade in African Captives

Data on the trade in captives for colonial New York are available from shipping records, which provide information on the place and timing of the trade from newspaper advertisements, and private/official correspondence, which indicate some of the parameters of local demand. While a number of cargoes direct from Africa came into New York in the seventeenth century, imports from the West Indies were much more important in the eighteenth century, up to the 1740s. After 1741, the trade shifted to an emphasis on direct imports from the African continent rather than from the West Indies (see Lydon 1978; Kruger 1985; Foote 1991).

We suggest that the age-sex structure and ultimately the sex ratio of colonial Africans among New York City's African population was linked to changes in the port's trade in captives, specifically due to changing and intentional selection criteria and the differences between African and West Indian cargoes. It is important to recognize that

most captives from the West Indies were African born and had spent as little as a few weeks to several years of “seasoning” in the Caribbean.

Intermittent periods of direct African trading and importation occurred in 1705, 1710-12, 1715-17 and 1721 (*Docs. Rel. Col. Hist. NY* 5:814; Lydon, 1978:377). The late 1720s and 1730s brought the largest cargoes of enslaved Africans from the West Indies. In 1763 large shipments of enslaved Africans were brought in from the continent. And there were several factors driving the structure of the trade. The especially sharp (and permanent) decline in imports from the West Indies were in most likelihood a reaction to the New York “slave uprisings” of 1712 and 1741 followed by the subsequent conspiracy trials of 1742. These were a catalyst for the redirection to African importation. This redirection was based on a general impression that West Indian consignments often contained individuals who were potentially threatening to the stability of the slaveholding colony. Indeed, Akan-led Maroons defeated the British to establish treaty-protected territories in Jamaica in 1739 after years of warfare.

Most slaveholdings in colonial New York County were quite small (one, two or three persons). Households that included enslaved Africans usually had at least one female domestic. Despite its early agrarian nature (small farmsteads), enslaved Africans were also utilized as dock laborers, construction workers, skilled craftsmen and domestics. Historians have suggested that the New York market shifted from one largely concerned with agricultural and dock labor in the seventeenth and early eighteenth centuries to one, in the mid-eighteenth century which also was driven by the need for domestic servants, best obtained while quite young. Cadwallader Colden, for example, wrote to a correspondent requesting to purchase a “Negro girl about 13 years old” for his

wife, to keep the children and sew, and two young men about 18 years old, strong and well-made for labor (*Coll. NYHS, Colden Papers, Vol. I*, p. 51). Girls were considered to be “ready” for productive domestic work in urban households at younger ages than boys, who were more likely to be needed for physical labor. Thus, this early “urbanization” established the need for age and sex selection in the slave trade for the local market place. New York merchants, well aware of the local market, then initiated a preferential system whereby African cargoes were more likely to include youths, especially girls, than were West Indian shipments.

Age Selection

The youth of new imports appears to have been a selling point in the slave market of New York City. Jacobus Van Cortlandt wrote in 1698 that the New York market was for Negroes aged 15 to 20 (cited in Foote 191:82). It appears from historical accounts and documents that shipments from the continent contained young girls in particular, who then remained in the city because they were in demand as domestics in a typically characteristic urban market. Men and adolescent boys, though in demand as laborers in the port town, were also more in demand in the nearby agricultural areas. It is important to note that selection criteria, preferences, and regulations were reinforced and institutionalized through laws and tariffs.

Africans from the continent who were more than four years of age were subject to an import tax as of 1732 (*Col. Laws.*). Presumably, any younger children who somehow were included in cargoes were not taxed because of their high risk of dying and low potential for immediate productivity, while older ones were considered valuable commodities. Overall, it appears that enslaved Africans were put to work by their pre-

teen years. This was certainly the case for domestic workers; males in their late teens would have been put to work at the most demanding types of physical labor on the docks, in construction, hauling, etc.

In addition, there was a selection bias against older enslaved men and women. Apparently they were considered a burden by slave owners. They were valued at lower rates for tariff and tax purposes, with age 50 generally used as a cut-off. Colonial laws also reflect anticipated problems with owners of elderly Africans. In 1773, (*Col. Laws 5:533*) *An Act to prevent aged and decrepit slaves from becoming burthensome within this Colony*, was passed by the provincial Assembly. The Act cited “repeated instances in which the owners of slaves have obliged them after they are grown aged and decrepit,” to go about begging for “victuals, cloths, or other necessaries” as well as owners who by “collusive bargains, have pretended to transfer the property of such slaves to persons not able to maintain them, from which the like evil consequences have followed.” The penalty imposed was £10 for allowing a slave to beg for necessities, and £20 for each enslaved individual sold to a person who could not support them (and the sale was voided). In 1785, a certificate from the overseer of the poor was needed to free an enslaved person; slaveholders could only obtain the certificate for persons under age 50.

Sex Selection and the Sex Ratio

The local necessity for young women or early teens to be the primary choice for urban domestic/household enslavement is corroborated in the New York Census data (Table 13.1). The 1746 census indicates a sharp increase in girls over boys (in the under age 16 category). Corresponding to this is an inflated adult sex ratio for the year because there were fewer women than men because so many of the females were too young to be

counted as adults (Table 13.2). Three years later, the sex ratio declined abruptly as girls reached ages 16 to 18. These fluctuating values for the 1740s most probably represent the influence of an influx of new captives, rather than a natural population increase.

Throughout the eighteenth century, sex ratios tended to indicate an excess of females or equal numbers of both genders. A substantially greater number of males are reported only for 1737 (see Tables 13.1 and 13.2 and Tables 7.4 and 7.5). The proportion of males (but not their absolute numbers) decreased most markedly following the 1712 African rebellion; the alleged 1741 African rebellion; and the American Revolutionary War that entailed massive African allegiance to and departure with the British. (See the History Final Report for a discussion of the events of 1712 and 1741).

During the first two historic events, the relative excess of females occurs for adults and may either reflect the increased importation of females or sale and exportation of men to areas beyond the city. The substantially larger number of girls, during the 1740s, indicates the effects of high importation of African girls into New York City and/or sale of boys to areas outside of the city. Lydon (1978), Kruger (1985), and Foote (1991) suggest that the English reaction to the alleged 1741 African uprising in New York was the cause of this reduction in the relative (but increase in the absolute) number of African males who were imported during this period. It does seem odd, however, that the absolute number of boys nearly doubled between 1737 and 1746, if fear of rebellious males had actually brought about the skewed sex ratio. On the other hand, boys could be “indoctrinated” into not becoming dangerous men. Women and older children were preferred for importation during this period, as were direct African imports, as means of limiting the militant resistance of enslaved people (Lydon 1978, Kruger 1985, Foote

Table 13.1: African Population by Age and Sex, eighteenth Century Censuses

Year	Adults		Children				Notes
	Male	Female	Male	Female	Age Cut-off	Label in Census	
1703	298	276	124	101	≤16	negroes	
1712	321	320	155	179	≤16	slaves	
1723	408	476	220	258	not given	negroes and other slaves	Presumed 16
1731	599	607	186	185	≤10	blacks	
1737	674	609	229	207	≤10	black	
1746	721	569	419	735	≤16	black	Black adult males includes 76 males over 60
1749	651	701	460	556	≤16	black	black adult males includes 41 males over 60
1756	672	695	468	443	≤16	black	black adult males includes 68 males over 60
1771	932	1085	568	552	≤16	black	black adult males includes 42 males over 60
1786	896	1207				slaves, negroes	
Source: <i>Century of Population Growth</i> , checked against <i>Docs. Rel. Col. Hist. NY</i> . Some discrepancies in the Kruger and Foot numbers have been corrected.							

1991). Demands elsewhere in the international trade might also have had a negative impact on the availability of men for sale in New York. The sex ratio shifted steadily downward (a proportional increase in females) between 1703 and 1723, with a noticeable drop in the proportion of men to women appearing in the 1723 census. It is also the case that between the census years 1756 and 1771, the sex ratio went from 96.7 to 85.9. Conversely, the sex ratio began to climb (a proportional increase in males) during the years that saw the heaviest importation from the West Indies (the late 1720s and 1730s) (Figure 13.1).

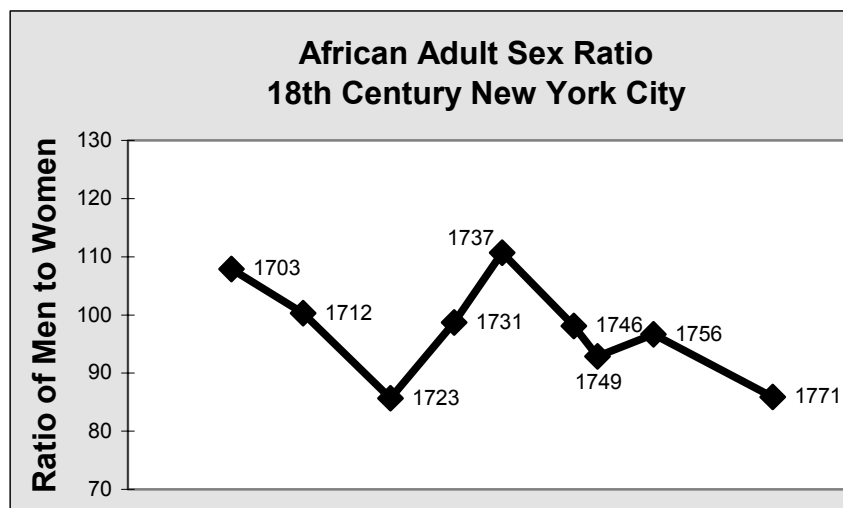


Figure 13.1: African Adult Sex Ratio: Eighteenth Century New York City

Most historians have pointed to the low overall sex ratio for Africans in New York as a typical pattern for urban slavery. Yet, the significant fluctuation observed in the sex ratio appears to be highly associated with political upheaval and subsequent attempts at social and legal controls that preserved the institution of enslavement for reasons of economic stability. In addition, one must also take into consideration the intensity of

biological risk factors that included workload, health and nutritional status and the mortality regime associated with environmental conditions encountered by the population.

**Table 13.2: African Adult Sex Ratio New York County,
1703 – 1800**

Year	Sex Ratio
1703	107.9
1712	100.3
1723	85.7
1731*	98.7*
1737*	110.7*
1746	126.7
1749	92.9
1756	96.7
1771	85.9
Source: <i>Century of Population Growth</i> . Discrepancies were found in Foote's and Kruger's numbers, and have been corrected. The numbers in <i>Century of Population Growth</i> were checked in <i>Docs Rel. Col Hist. NY</i> . *Note that in 1731 and 1737, the censuses counted persons over or under 10 years of age; thus "adults" were not all of child-bearing years. The overall sex ratio for these years was 99.1 for 1731 and 110.6 for 1737. The 1786 state census and the 1790, 1800, and 1810 federal censuses do not count blacks by sex. According to Kruger, local censuses for the early 19th century indicate ratios declining from 72.3 in 1805 to 65.8 in 1819 (Kruger 1985:370).	

Mortality

Mortality for the seventeenth and eighteenth centuries in America was high, especially in cities. New York experienced very similar health and disease patterns as other colonial American urban centers, in particular port cities such as Philadelphia. The impact of periodic epidemics had a differential effect on populations based on their health status and risk factors (Nash 1988).

Contemporary observers believed that black mortality throughout the northern colonies, especially among infants, was so high that only importations could prevent the black population from gradually dying off (Anthony Benezet, writing in 1773, cited in Nash 1988:33; Nash also cites Benjamin Franklin in 1751 and a Bostonian chronicler in 1775). Bills of mortality for Philadelphia in the period 1767-1775 indicate an average of 75 burials of Africans per year; this represented about 7 burials for every 100 blacks per year, a rate about 50% higher than among whites (Nash 1988:34). If a similar death rate were applied to New York, about 219 individuals would have been buried per year in the same period (based on the 1771 census count of 3137 blacks). In each of these circumstances there was an undercount of Africans so mortality rates were actually higher. The Philadelphia rates are more reliable than New York because of the Abolition Society's active role in documenting the accomplishments and conditions of "people of colour" in that city (Rankin-Hill 1997).

Environmental and living conditions during the colonial period tended to be unhealthy; there were problems of poor sanitation, indoor pollution (e.g., coal fires), impotable water and crowded dwellings. For captives, the conditions were most insalubrious leading to high rates of morbidity and mortality (Curry 1981; Rankin-Hill 1997). In addition, American cities throughout the seventeenth, eighteenth, and nineteenth centuries were "hot zones" for epidemics, providing perfect conditions for pathogens to thrive.

Outbreaks of smallpox, yellow fever, measles, diphtheria, influenza, and other unspecified fevers in colonial New York have been documented from historical sources. Smallpox was the greatest single epidemic killer during the period of the African Burial

Ground's use (Duffy 1968:34-35). Smallpox outbreaks occurred in 1702, 1731, 1745-47, and 1752. It is likely that smallpox accounted for a significant portion of the death toll, appearing as a fatal childhood disease rather than as an epidemic between 1756-1767 (Duffy 1968: 53-58).

An examination of the deaths reported in the 1731 smallpox epidemic indicated that both European and African New Yorkers suffered considerable losses. The 1731 bills of mortality are actually numbers of persons buried at the city's church cemeteries, tallied by denomination. The number of "Blacks" buried is listed, but with no church denomination. This indicates that burials at the ABG were being counted in some form. It is not known how or by whom. During the period of smallpox reporting, 477 Europeans (6.77% of their population) and 71 Africans (4.50% of their population) died. The overall death toll for August-December of 1731 was seven percent of Europeans and five percent of Africans. This difference in frequency may indicate an under-reporting of black burials, not surprising since it is believed the burial ground was most often utilized without direct observation by Euro-Americans. As noted earlier, Philadelphia records indicated an average death rate of seven percent per year among blacks in the 1767-1775 period, with a rate of about five percent for whites -- a similar differential probably characterized general mortality in New York.

Although African deaths may have been under reported, another possible basis for a lower African death rate was the existence of a smallpox inoculation. Reportedly, some African societies practiced inoculation and a "Guaramantese" (or Akan man), who had been given the name "Onesimus," taught the technique to a Boston clergyman who, in turn, shared it with physicians in Boston and London. One of these physicians, Zabdiel

Boylston, used the technique in time, apparently, to have helped reduce the impact of a Boston epidemic in 1721-22 (Cobb 1981:1199-1200). Smallpox inoculation was controversial among the English (see *Final History Report*), who feared the practice could spread the disease and prolong its presence, and many English colonials in the city were hesitant to allow inoculation of their slaves, fearful of negative outcomes. Nevertheless, if Africans in America were familiar with the practice of inoculation, it is not unlikely that inoculation may have been practiced by some in the New York black community, with or without the knowledge of slaveholders. The fact that many African New Yorkers had survived smallpox in their youth (whether in Africa, in the West Indies, or in the city) is attested to by the frequent citing of smallpox scarring in descriptions of runaways from the city and as a selling point in sale advertisements; such documents have been compiled for the period by the Office of Public Education and Interpretation of the New York City African Burial Ground Project.

Endemic to the West Coast of Africa, yellow fever is caused by an infectious virus; therefore it is reasonably assumed that some of the Africans brought to the Americas had been exposed to the disease in their youth, thus acquiring some resistance. In New York, a 1702 epidemic killed hundreds of residents within just a few months (Duffy 1953:146); the Society for the Preservation of the Gospel's account of 570 deaths probably included all deaths rather than just yellow fever deaths. The provincial census for 1703 indicated a drop in the overall population of New York City that historians had long attributed to the yellow fever epidemic. The drop in the African population from 700 in 1698 to 630 in 1703 (Table 13.3) has also been interpreted as a result of yellow fever deaths (e.g., Goodfriend 1992:113). A tally of the African population of the city in

1703 based on the household-by-household count, however, puts the total number of Africans at 799 (*Century of Population Growth*); thus, it would appear that their mortality from the epidemic was lower than among Europeans. No “ethnic” breakdowns of the overall New York mortality figure of 217 (*Boston Weekly Post Boy*, Oct. 31, 1743) were recorded for the 1743 yellow fever outbreak (Duffy 1968:86).

**Table 13.3: Population of New York County, 1698 – 1800
by Race**

Year	Total	“Black”	“White”	% Black
1698	4,937	700	4,237	14.2
1703*	4,391	799	3,592	18.2
1712	5,841	975	4,886	16.7
1723	7,248	1,362	5,886	18.8
1731	8,622	1,577	7,045	18.3
1737	10,664	1,719	8,945	16.1
1746	11,717	2,444	9,273	20.9
1749	13,249	2,368	10,926	17.9
1756	13,046	2,278	10,768	17.5
1771	21,863	3,137	18,726	14.3
1786	26,614	2,107	21,507	7.9
1790	31,225	**3,092	28,133	9.9
1800	57,663	***5,867	51,796	10.2

Source: Foote (1991:78) and White (1991:26), except 1703. Both Foote and White have corrected the raw figures. See also Kruger (1985:131), though there are some discrepancies in the percentages for 1786, 1790, and 1800.

* From census of households in New York City (see below). These figures differ from those given in the 1703 census of the colony of New York, which listed only 630 blacks.

** Includes 1,036 free and 2,056 enslaved blacks

*** Includes 3,333 free and 2,534 enslaved blacks

Other diseases, less widespread but also deadly, visited the town over the course of the seventeenth and eighteenth centuries. A number of outbreaks of unspecified diseases occurred in New York in the seventeenth century, which Duffy (1968:19, 34)

suggests these may have included smallpox, whooping cough, and malaria or typhoid. A few cases of measles were reported in 1713, and the disease appeared again in epidemic proportions in 1729 (Duffy 1968:58; *Colden Papers* I:274, 280). Measles made a third appearance in the fall of 1788. Diphtheria, mentioned earlier as a major cause of children's deaths in 1745, reappeared in 1755 and late in the 1760s (Duffy 1968: 59). Influenza was a killer in 1789-90 (Duffy 1968:86). Both influenza and whooping cough (pertussis) ravaged European and African populations in the West Indies; since they were considered more prevalent in colder climates, they may have been present in New York to a greater extent than the records suggest.

Parasitic loads were a common cause of anemia in enslaved communities in the Caribbean and may have also been a health risk in colonial New York. The most prevalent parasites were round worms (*Ascaris lumbricoides*), pork tapeworms (*Taenia solium*), Guinea worms (*Dracunculus medinensis*), and hookworm (*Necator americanus*). The Caribbean plantation environment, with poor sanitation, dirt floors, and chronic damp, was an ideal breeding ground for such organisms. Geophagy (consumption of dirt), often observed among Africans on West Indian plantations, was also frequently cited as the means by which worms were ingested. Infected West Indians brought as captives to New York would have carried their parasites with them. Incidence of infection in New York would have been much reduced due to the colder climate. Completed parasitological studies on a small number of soil samples from the pelvic area of skeletal remains from the ABG did not provide any evidence of parasites. Preservation factors may account for the complete lack of remains, since parasitic infections were not uncommon in colonial America.

New York African Burial Ground Mortality

The synthesis of the paleodemographic profile developed in Chapter 7 and the political economic and historical epidemiological scenarios discussed in the preceding section contextualize the experience of captive Africans in New York. The impact of the political economic regimes' selection processes, the intense physical labor, and disease environments of colonial New York can be assessed by the patterns observed in the ABG skeletal sample. These include:

- The low mean age at death for the population of 22.4 is even lower than that of Barbadian-plantation enslaved people (Handler and Lange 1978) under a regime of plantation sugar production. This points to the synergistic effect of political-economy, environment, and biological susceptibility.
- Subadults comprised 40.75 percent of the burial ground population; a preponderance of subadult deaths (39.2%) occurred during the first year of life, especially during the first six months, followed by another 16.1% in the second year. Therefore, infants and children were at high risk of dying both in utero and for the first two years of their lives. Forty-five per cent of all the subadults died by age two. Thus, the potential for population replacement was being severely compromised.
- The mortality pattern of adults was the highest in the 30-34 age group (9.4%), followed by 15-19 year olds (8.4%), and 35-39 year olds (8.4%).
- Adult mortality peaked in the third decade of life when 30.1 percent of adults had died. This loss of adults indicates both the reduction in potential reproductive

members early in the lifecycle, but also corroborates the impact of captivity on the men and women interred in the ABG.

- Differential mortality pattern showed that by 80.5 percent of females had died by age 40, compared to 54.1 percent males. Although women and girls were being selected as domestic laborers, their lot was arduous and increased their risk of dying.
- The third highest mortality age group was composed of adolescents aged 15-19. Loss in this age group forebodes potential limitations on population reproductive and replacement rates. The high rates of males and females dying in the 15-24 year age group are also indicative of the high rates of forced migration to New York for Africans of those ages.
- The differential mortality pattern was observed in the 15-19 age group where 15.4 percent of girls died, compared to 10.8 percent of boys, although not statistically significant. Women are being removed from the population during a time when they are capable of reproducing or are biologically preparing for reproduction.
- The trends observed in the NYABG paleodemography corroborate what has been learned about the conditions of captivity from historical/archival and medical historical sources. These include: patterns of differential mortality, especially for males and females at ages associated with adult work regimes and living conditions; forced migration; and biological development-selecting against the survival of women; high sex ratios in adults; and reduced fertility that should have suppressed infant and childhood mortality rates.

Nineteenth Century New York Trends

The data available on African mortality in New York in the period following termination of the use of the ABG are of some interest in assessing data from the burial ground, especially the sex ratio. The NYABG skeletal records reveal a smaller proportion of females than data on the living population. This observation, along with the trend toward higher risk of mortality at younger ages in males and females over the age of 15 years, has led us to question the sex ratio among children. Are excess females among the dead girls? Because we are unable to determine the sex of subadults with available methods, we have turned to the burial records of related cemeteries. Spotty death records survive for the period 1801 through 1815, when a new cemetery for Africans was opened on Christie Street in Manhattan and the newly- founded African Methodist Episcopal Zion Church began using its own cemetery. The adults (16 and older) number 10 women and 15 men, approximating the skewed ratio found at the ABG. The preponderance of men at the later cemetery, as at the earlier one, is at odds with census data on the living African New York population, in which sex ratio declined steadily to a low of 61.4 in 1820. Sampling error aside (the records for the period are incomplete); the apparent discrepancy may be attributed to differential official reporting of burials based on sex.

Among the infants, girls in the Christie Street sample experienced slightly higher mortality from 0 to 2 years of age (9 girls and 6 boys). The excess of girls over boys in older age categories was more marked. In the 5- to 15-year-old group there were seven girls and only one boy buried, but no deaths of young women 16 to 20 years old were recorded.

Mortality data are also available for a later New York African community known as Seneca Village (1826 to 1851). In the first decade, which saw final emancipation in New York in 1827, the death records include eight girls and five boys in the 0-2-year-old range, again, the same excess of girls seen in the earlier samples. Boys predominated slightly among older children reported from Seneca Village. By the second decade of the Seneca Village mortality data (1836-46), infant deaths recorded include 12 girls and 16 boys. It is possible there was a lowering of female infant mortality over time with the ending of slavery in New York (unpublished data for Seneca Village generously provided by N. Rothschild, D. Wahl, and E. Brown). The sample sizes, especially for the colonial-period ABG are too small to detect statistically valid differentials in child mortality. What this comparison indicates is a greater likelihood for a higher representation of female infants and children than of boys among the ABG remains. Questions of differential survival of the sexes will have to await chromosome analysis data for definite answers.

Population Growth and Fertility

Both paleodemographic and historical demographic analyses have limitations as to what can be inferred from the data. Paleodemography provides a means of evaluating the impact of environmental conditions on mortality patterns and health status. Historical records and analyses of vital statistics can provide insight into the period but are always biased based on the manner in which the information was recorded, reported, stored, and/or interpreted. Therefore, the data utilized from historical and osteological sources for fertility are proxy measures. Content analysis of historical sources, shipping records, censuses for the period, newspaper advertisements, and private and official

correspondence provide a means of assessing and reconstructing some of the parameters of local demand and characteristics of the New York trade in human beings.

New York City municipal census data for the eighteenth century indicate the exceedingly slow growth in the city's African population. Population increase among Europeans was also slow but far more evident during the same period. The trends for New York County for 1698-1800 indicate that the African ("Black") population remained fairly low throughout; concurrently, importation of Africans from the continent and the West Indies continued with little impact on the overall population (Table 13.2). The European population increased slowly early on, followed by significant growth starting at mid century (Table 13.3).

The pattern of little or no population increase in African populations early in enslavement was also observed in the lower western shore of Maryland (Menard 1975:32), South Carolina (Wood 1974), Virginia, and Philadelphia (Nash 1988). All of these populations shared the inability to reproduce themselves due to deaths exceeding births. In all locations except New York City and some of the Caribbean islands, black population increases occurred later (Fraginals 1977). For example, regionally in the lower western shore of Maryland in 1658 there were 100 (Menard 1975:32) enslaved Africans, approximately three percent of the total population; by 1710, however, there were 3500 constituting 24 percent of the population, that resulted from importations, increased birth rate, and a slight decrease in mortality.

The question then is why with the ongoing importation of Africans to the port of New York was there little or no growth in the enslaved African population. The historical accounts, demographic and paleopathological assessments provide significant

explanatory evidence directly associated with the changing economic imperatives of that developing colony.

Sex Ratio and Mortality

As was reported earlier, the period was primarily characterized by a low sex ratio. The importation directly from Africa had the effect of shifting the sex ratio among New York City's enslaved population in favor of girls/women, while shipments of Africans from the West Indies shifted the ratio in favor of males. The former shift is associated with the aftermath of, and English responses to, African rebellions. Due to the changing needs of the growing urban households, girls were considered to be "ready" for productive domestic work in urban households at younger ages than boys, ultimately increasing the demand for females (Figure 13.1). Therefore, the high numbers of females and adolescent girls with the potential to reproduce at minimum should have led to a natural increase in the African population.

Juxtaposed is the effect of high mortality with differential patterns selecting against infants and toddlers, women and adolescent girls and boys. This establishes a synergistic effect that eliminates segments of the population that are the procreators and the progeny of those that managed to reproduce.

Fertility

Kruger (1985:403-420) has made the most ambitious attempt to analyze the meager data available pertaining to childbearing and fertility in New York's enslaved African population. Almost no data are available on African women's ages when their children were born. In 1796, an individual named "Africanus" proposed emancipation of all enslaved females born after 1796 at age 17, along with all their children. He estimated

that 3/5 of them would already have borne children at that age (*Daily Advertiser*, January 26, cited in Kruger 1985:405). Therefore, African young women were reproducing prior to age 17. Kruger calculated median birth spacing at 28 months, and inferred that during the period of 1799-1826 breastfeeding appeared to have continued for 16 to 18 months after birth (1985:410-412). Therefore, women were potentially capable of producing four to six offspring between ages 15-30.

Child-To-Woman Ratios

Despite the potential for populational growth, the low child-to-woman ratios (a proxy for direct fertility data) derived from census data attest to the absence of increase in the New York African population. The 1746 peak in the presence of African children in New York City appears to be associated with importations of girls and boys under 16 years old, not to births in New York. This is evidenced by the marked decline in children per woman of childbearing years as importations abated (Figure 13.2). These data show clearly that an African woman of reproductive age (and her male partner) had one or fewer children on average. If the number of children in the census who were actually born in New York is small, then fertility in New York City may have been much lower than one child per African woman of reproductive age.

Our general assessment is that although many of these children would have been African-born and forced to migrate to New York, most of those who died as children and were buried in the burial ground were born in New York. This inference is consistent with the chemical tracing data reported in Chapter 6. The census data used here largely represents survivors and persons imported after ages of highest mortality risk. These children are likely to show disproportionately high frequencies of African natality,

compared to those children who were born to captive parents and who died very young. Also, given our evidence of relatively low mortality for children 5-14 years of age in New York, a preponderance of the older children of the census were probably surviving to die in concert with the adult age-specific mortality patterns that we have shown previously. We would, therefore, predict that future testing of those individuals with African-associated chemical levels (Pb and Sr) in early-developing teeth and North American chemical levels in later developing teeth and bone would represent the children identified in the census.

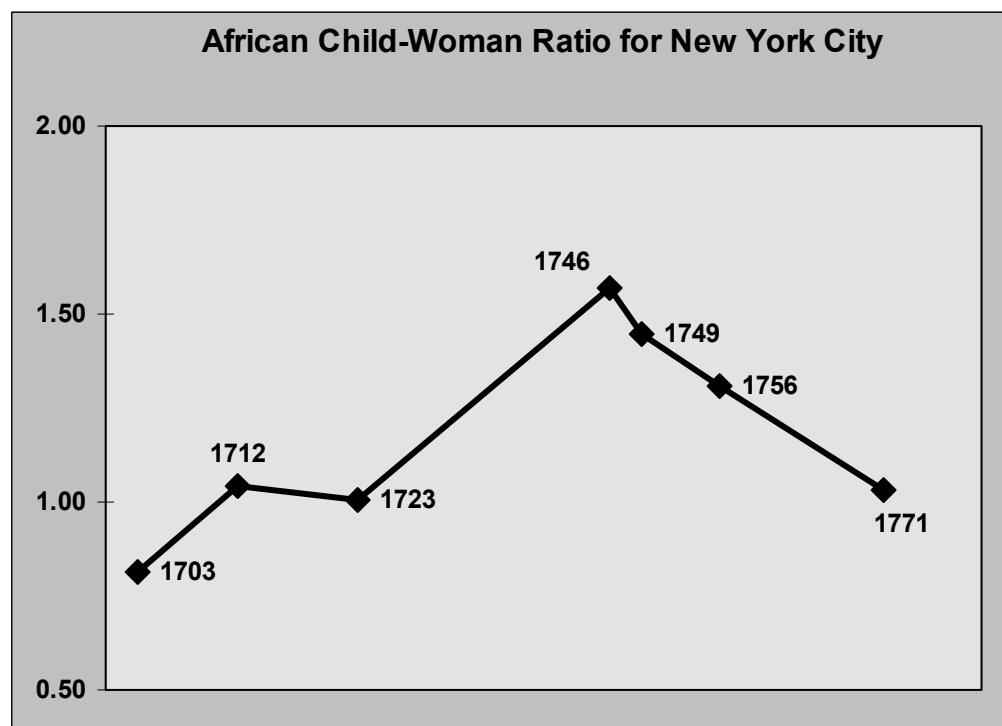


Figure 13.2: African Child-Woman Ratio New York City

Paleopathology

Paleopathological evidence for the people interred in the ABG site indicates that African women were involved in strenuous labor from adolescence and nutritionally

compromised with high rates of degenerative joint disorders, and showed evidence of enthesopathies and muscle hypertrophy (Chapter 11) as well as nutritional deficiencies including porotic hyperostosis and general infection (Chapter 10). Each of these factors has a potential negative impact on fecundity (the ability to conceive and to bring a fetus to term). The large number of perinatal and newborn infants points to these effects just cited.

In addition, subadult data indicate that infants and toddlers were at risk due to nutritionally compromised mothers, weaning, nutritional insufficiency, and infection as evidenced by dental enamel defects of both the deciduous and permanent dentitions (Chapter 8); infection rates and porotic hyperostosis (anemia) rates (Chapter 8); and retarded growth and development (Chapter 12).

The political economic regime (Figure 13.3) established a biological lifestyle of arduous work for adolescent and adult females, which resulted in physiological disruption due to the synergistic interaction of:

- intensive physical exertion and energy expenditure
- intensive utilization of dietary nutrients
- intensive utilization of marginal nutritional stores
- chronic exposure to environmental hazards
- intensive utilization of immunological and psycho-physiological responses.

Therefore, the demographic, paleodemographic and paleopathological data indicate that:

- High mortality among women at the beginning of their reproductive years affected the population fertility (reproductive rates) and fecundity, the biological potential for procreation.

- Nutritional inadequacy, infectious disease loads, and mortality indicate a compromised adult female population, thus reducing fertility (e.g., low fat stores followed by amenorrhea), and a potential for immuno-suppression and increased susceptibility/risk factors for morbidity and mortality.
- Infants and children began life compromised and at high risk of illness and dying. Those who survived past the second year of life were faced with strenuous physical exertion from early childhood and the cycle of exertion, deprivation, increased susceptibility, [although it could be argued that these children were the most adaptable] and early adulthood death.

Therefore, the economic needs and environmental constraints established by New York slaveholders produced a regime of physiological disruption that substantially impacted the fertility rates and almost certainly created a situation of impaired fecundity, which contributed significantly to the lack of population growth in the enslaved African population of seventeenth and eighteenth century New York. In addition, this economic strategy was one of “unlimited good,” since enslaved captives could be replaced continuously. European enslavers had no incentive for encouraging fertility or intensive care giving of infants, who demanded high investment but could do little work. Although the abusive practices of the British Caribbean colonies, where infants might be taken from their mothers immediately so that loss of labor would be minimized, are not documented for New York, this city’s slaveholders showed no desire to possess young Africans or to “breed” their captives. They only needed them to keep the market’s products and profits flowing.

➤ **Trade in Africans**

Responsive to local political, social and economic forces

Mainly from West Indies through 1740

More direct from Africa after 1741

➤ **Urban situation**

Typical low sex ratio

Demand for dockworkers and other day labor, domestic labor

➤ **Local market**

Agricultural and public needs shifting in eighteenth century to domestic and day labor needs

Youth emphasized in local sales

Increasing demand for young girls for domestic drudge labor

➤ **Holding size**

Small urban households with limited in-house labor needs

Average holding of enslaved Africans: 2.4

Sales of young children beginning at age 5

Neglect and disposal of older Africans

➤ **Social control**

Political and market response to active resistance

Decreased importation of men, decreased importation from West Indies

➤ **Ideology**

Unlimited Goods

Figure 13.3: Summary of Relevant Factors of the Political Economic Regime of Colonial New York